

CONTINUATION OF DISPATCH	CLASSIFICATION SECRET	DISPATCH SYMBOL AND NO. ATTACHMENT TO BOOK DISPATCH
CONFIDENTIAL		
IMMUNIZATION POLICY AND PROCEDURES		
I. ADULTS		
25X1A2g	<p>A. KUBARK has reviewed its immunization policies with those of ODEARL and with [REDACTED] used by ODACID and non-official cover individuals. All of the usual immunization media have been included, and have arbitrarily been divided into three possible factors for consideration. These are:</p>	
	<ol style="list-style-type: none"> 1. The basic immunizing series. 2. Booster intervals or the maximum interval which may be permitted to elapse before the basic series must be repeated. 3. Special considerations, such as areas with a high endemic incidence of the disease, or areas with known epidemics, in which even more frequent utilization might be necessary. 	
25X1A	<p>B. There are only minor and essentially insignificant differences in requirements for completion of the underlying basic series among ODYOKE programs reviewed. <u>Booster intervals</u> are essentially the same. The differences lie in the <u>special column</u>, most notably, and are represented by such differences as the following. ODEARL is using a combined (adult) tetanus-diphtheria toxoid, and so is KUBARK in some instances. There is a slight danger in this, and KUBARK is avoiding its use in those who are past 38 years of age, those who are obese, or those who are known to have sensitivity to diphtheria toxin. The booster interval for tetanus toxoid is academically known to be somewhat greater than 10 years, but operating with a margin of safety, ODEARL and [REDACTED] insist upon a booster interval of 4 years. KUBARK is accepting one of 10 years, but boosting the individuals who have not had an injection during the past year and who are going PCS overseas or TDY with extensive air travel. On typhoid, typhus, and cholera, KUBARK is insisting on a booster within 2 years of any appropriate overseas travel, and a much smaller interval in particular areas. Thus Headquarters is making most of its deviations from the normal fall upon the side of conservatism, and operating when possible 2 years ahead of acceptable standards.</p>	
	<p>C. Some criticism of this approach is the inconvenience of having the appropriate shots performed at the requisite intervals, and occasional morbidity which follows the use of the various media. However, for reasons to be explained below, KUBARK proposes to continue the present policy, which in essence states that all individuals departing Headquarters must be current in all foreseeable immunization needs.</p>	
	<p>D. In attempting to assess the various groups which KUBARK is immunizing, and to see if any changes were advisable, the following were considered:</p>	
	<ol style="list-style-type: none"> 1. TDY personnel will continue to follow the current immunization policies. These individuals are, on occasion, assigned to PCS status in the field, are obligated to meet world-wide requirements if on standby, and therefore deserve maximum protection. 2. PCS personnel serving overseas in areas where KUBARK does not maintain a medical facility, will be regarded in the same fashion and be made current in immunizations upon each trip through Headquarters, whether it be in preparation for 	
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<p>an entirely new assignment, or TDY through Headquarters, returning to the same station.</p> <p>3. The third category, personnel stationed at overseas facilities where KUBARK has a medical officer will continue to be handled as at present.</p> <p>E. In summary, the field must modify the "special" column as area policies and/or cover requirements dictate, with Headquarters providing suggestions and guidance periodically.</p>			
II. PEDIATRICS			
<p>A. Pediatric dosages are presented for typhus, cholera, plague, etc. For other media, either adult dosages and schedules are followed, or in the case of DPT and typhoid paratyphoid, alternate programs are outlined.</p> <p>B. It should be noted that there is a slight change from previous policy on typhus, cholera, and plague dosages in children.</p> <p>C. It should be emphasized that typhoid is given to a total of 1.0 cc. in children less than 1 year, and to 1.5 cc. in all others. Considerable latitude is allowed in size and number of injections, based on the reaction to the last shot, provided the desired total is reached. It is recognized that the dosages of this media as outlined herein differ from the currently advised ODEARL pediatric dosages. KUBARK has been assured that there will be in the near future a change in the ODEARL schedule, and the American Academy of Pediatrics schedule is preferable, immunologically speaking.</p> <p>D. The use of salicylates in weight-adjusted dosages for a 24-hour period after all morbidity-producing injections is important in the pediatric group.</p> <p>E. Further fractionation of dosages should be done in infants with a history of febrile convulsions. A weight-adjusted dose of phenobarbital may be used prophylactically in such instances.</p>			
III. SUMMARY			
<p>A. Immunization needs by area are unchanged from the publication of November 1957, as disseminated to the field. Deviations from this will be at the discretion of the senior area medical representatives.</p> <p>B. Generally speaking, aluminum precipitated or absorbed medications should be given intramuscularly; all others may be given subcutaneously.</p> <p>C. Avoid fat necrosis along the needle tract by removing antigen from the outside of the needle and by following the injection with 0.1 to 0.2 cc. of air.</p> <p>D. Egg yolk base vaccines (typhus, influenza, yellow fever) may induce allergy in susceptible individuals and should be used with caution.</p> <p>E. The danger of contact of any recently vaccinated individual with an unvaccinated eczematous child cannot be over emphasized, with the possibility of eczema vaccinatum.</p> <p>F. When time permits, immunizations for viral diseases should be at least 2 weeks separated one from another, and also from bacterial immunizations to provide maximum immunologic response. The same consideration is not equally important in bacterial immunizations.</p>			
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<p>G. No attempt has been made to advise a chronological program in the overall basic immunization of children or adults. Specific areas, time available, disease incidence, and judgment of the area medical representative, should all be determining factors in questionable cases.</p>			
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IMMUNIZING AGENT		ADULTS		SPECIAL CONDITIONS
		BASIC SERIES	MAXIMUM INTERVALS BEFORE BASIC SERIES	
DIPHTHERIA		(3) 0.5 cc. injections at 4-6 wk. intervals after Schick and Maloney testing.	4 years Re-Schick before boosting	<u>ONLY</u> if Schick positive
TETANUS TOXOID OR ADULT TETANUS-DIPHTHERIA TOXOIDS		For either medium use (3) 0.5 cc. shots at 4-6 wks intervals OR (2) at same interval and booster 1 year later.	10 years (4 in military)	Boosters are given to most Head-Quarter's departees who have not had a shot within the past year. Also used as booster in appropriate injury. Contraindicated for those over 40, obese, or those known to be sensitive to Diph. toxoid. Preliminary Schick testing not routinely necessary. <u>DO NOT USE PEDIATRIC TYPE FOR THIS USE IN ADULTS.</u>
SMALLPOX		(1) Primary take	Successful vaccination every 3 years	Intervals down to 6 months in special areas.
YELLOW FEVER		(1) shot of 0.5 cc.	6 years	Four-year intervals in individuals going to appropriate areas.
TYPHOID PARATYPHOID		(3) 0.5 cc. shots at 1-4 wk. intervals	10 years (4 in military)	Intervals down to annual in appropriate areas. May use 0.1 cc. intracutaneous as booster
CHOLERA PLAGUE		(2) shots of 0.5 cc. and 1.0 cc. at 7-10 day intervals.	4 years	Twice annually in epidemic areas.

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		IMMUNIZING AGENT	BASIC SERIES	MAXIMUM INTERVALS BEFORE BASIC SERIES	SPECIAL CONDITIONS	
<div style="display: flex; justify-content: space-between;"> <div> <p>CLASSIFICATION</p> <p>SECRET</p> </div> <div> <p>CONTINUATION OF DISPATCH</p> </div> </div>		POLIO	Ideally 0-1-7 months spacing. Restart series if over 1 year elapses between individual shots.	Only one booster currently advised, 1-2 years later.	MANDATORY in all persons over 3 months, and advisable to boost mother during last trimester of pregnancy. Very rare penicillin allergy - generally ignored.	<div style="display: flex; justify-content: space-between;"> <div> <p>CLASSIFICATION</p> <p>SECRET</p> </div> <div> <p>USE PREVIOUS EDITIONS SUSCEPTIBILITY AND VACCINE ARE OBSOLETE.</p> </div> </div>
		INFLUENZA	(1) shot of 1.0 cc.	May be boosted at yearly intervals at discretion of Medical Officer or upon request.	Should contain at least 220 CCA units Asian strain.	

CHILDREN		
IMMUNIZING AGENT	BASIC SERIES (BOOSTER PERIODS AS FOR ADULTS)	SPECIAL CONDITIONS
DPT	Used in pediatric group ideally at 3-4-5-18-36 months of age.	For appropriate wounds boost with adult tetanus toxoid. Should not ideally be used after 5 because of reactions to pertussis toxoid.
PEDIATRIC TETANUS DIPHTHERIA TOXOIDS	For use as booster in 5-12 age agroup, at 3-4 year intervals. Adult type may be substitute for use as booster in children.	This medium should never be used in adults without Schick testing.
SMALLPOX YELLOW FEVER POLIO	Usage identical with adults.	
INFLUENZA	Use on weight adjusted basis as in adults	
TYPHUS	Total of (3) shots at 1-3 wk. intervals 6 mos. - 3 years 0.12 cc. 3 years- 6 years 0.25 cc. 6 years- 11 years 0.5 cc. 12 years Adult dose	Boost with appropriate dose at intervals as used in adults.
CHOLERA PLAGUE	Total of (3) shots at 7-10 day intervals with first shot 1/2 of following ones in amount. 6 mos. - 3 yrs. 0.06 0.12 0.12 cc. 3 yrs. - 6 yrs. 0.12 0.25 0.25 cc. 6 yrs. - 11 yrs. 0.25 0.5 0.5 cc. Over 12 yrs. Adult dose	Boost with appropriate dose at intervals as used in adults.

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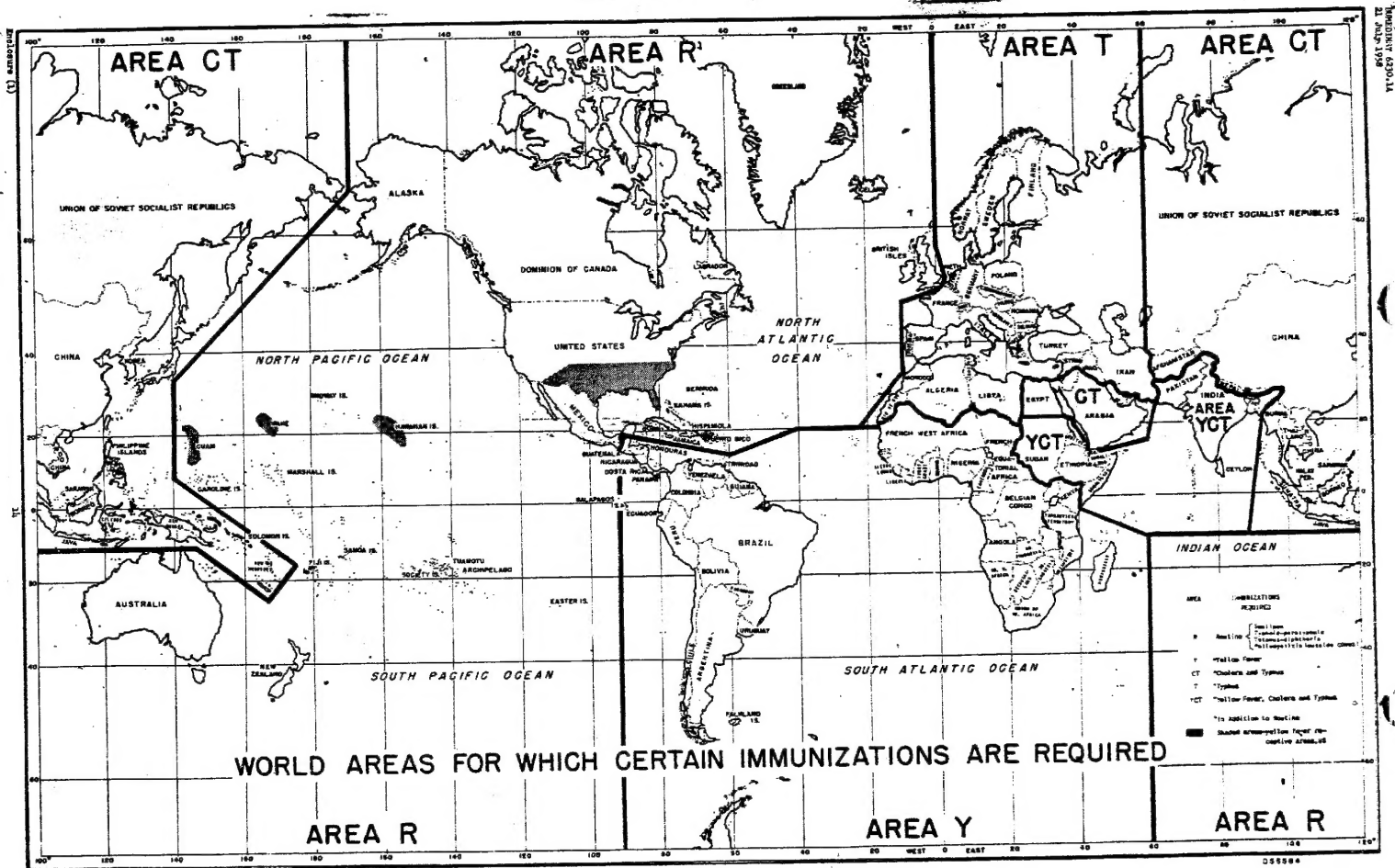
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	VACCINIZING AGENT	BASIC SERIES (BOOSTER PERIODS AS FOR ADULTS)	SPECIAL CONDITIONS	
CLASSIFICATION SECRET	TYPHOID	<p>Less than 1 year 0.2 0.25 0.25 0.3 cc. suggested and 1-4 wk. intervals OR any combina- tion of injections to total 1.0 cc.</p> <p>Greater than 1 year 0.3 0.6 at 1-4 wk. intervals OR any combination of injections to total of 1.5 cc.</p>	<p>Total dose felt to be significant here rather than an age or weight-adjusted dose. Wide latitude in fractionation of dose permissible at discretion of Medical Officer. Boosters as in adults, or 0.1 cc. intracutaneously is permissi- ble.</p>	<input checked="" type="checkbox"/> CONTINUED
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CONTINUATION OF DISPATCH	CLASSIFICATION SECRET	DISPATCH SYMBOL AND NO. ATTACHMENT TO BOOK DISPATCH [REDACTED]
<p>The countries are listed in alphabetical order. The number following the name of the country indicates the area.</p>		
<p>Afghanistan #3 Alaska #1 Albania #2 Algeria #2 Andorra #2 Anglo-Egyptian Sudan #4 Angola #4 Arabia, Saudi #3 Argentina #4 Aruba #4 Ascension Island #4 Australia #1 Austria #2 Azores #1 Bahamas #1 Bahrain #2 Barbados, B.W.I. #4 Basutoland #4 Bechuanaland #4 Belgian Congo #4 Belgium #2 Bermuda #1 Bhutan #4-a Bolivia #4 Bonaire, N.W.I. #4 Borneo #3 Brazil #4 British Somaliland #4 Bulgaria #2 Burma #3 Cameroons #4 Canada #1 Canal Zone #4 Ceylon, #4-a Chile #4 China #3 Cocos Island #1 Colombia #4 Corsica #2 Costa Rica #4 Cuba #1 Curacao #4 Cyprus #3 Czechoslovakia #2 Dahomey #4 Denmark #2</p>	<p>Dominica #1 Dominican Republic #1 Ecuador #4 Egypt #4-a Elire #1 Ellice Islands #3 El Salvador #4 England #1 Eritrea #4 Estonia #2 Ethiopia #4 Fiji Islands #2 Finland #2 Formosa #3 France #2 French Equatorial Africa #4 French Establishment in India #4 French Guinea #4 French Indochina #3 French Somaliland #4 French West Africa #4 Ghana #4-a Gambia #4 Germany #2 Gibraltar #2 Gilbert Islands #1 Granada, B.W.I. #1 Greece #2 Greenland #1 Guam #1 Guatemala #4 Guiana, French #4 Guiana, British #4 Guiana, Netherlands #4 Haiti #1 Hawaiian Islands #1 Honduras #4 Hong Kong #4-a Hungary #2 Iceland #1 India #4-a Indonesia #3 Iran #3 Iraq #3 Ireland #1 Israel #3 Italian East Africa #4</p>	
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<p>Italian Somaliland #4 Italy #2 Ivory Coast #4 Two Jima #1 Jamaica #1 Japan #3 Johnston Islands #1 Jordan #4-a Kenya #4 Korea #3 Kwajalein #1 Labrador #1 Latvia #2 Lebanon #4-a Levant States #1 Liberia #4 Libya #4 Liechtenstein #2 Lithuania #2 Luxembourg #2 Macao #4 Madagascar #4 Malaya #4-a Malta #2 Manchuria #3 Marianas #3 Martinique, F.W.I. #4 Mauritius #2 Mexico #2 Monaco #2 Mongolia #3 Morocco #2 Mozambique #4 Nepal #3 Netherlands West Indies #4 Netherlands #2 New Caledonia #3 Newfoundland #1 New Zealand #1 Nicaragua #4 Nigeria #4 Norway #2 Nova Scotia #1 Nyasaland #4 Okinawa #3 Pakistan #4-a Panama #4 Paraguay #4 Peru #4 Philippines #4-a Poland #2 Portugal #4</p>	<p>Portuguese East Africa #4 Portuguese Guinea #3 Puerto Rico #1 Reunion #4 Rhodesian North and South #4 Rio de Oro #2 Rio Muni #4 Romania #3 Russia #2 Ryukyu #3 St. Pierre and Miquelon #1 Saipan #3 Samoa #1 Santa Lucia, B.W.I. #1 Sarawak #3 Sardinia #2 Scotland #1 Senegal #4 Seychelles Islands #3 Siam #3 Sierra Leone, Africa #4 Singapore #4-a Southwest Africa #4 Spain #2 Swaziland, Africa #4 Sweden #2 Switzerland #2 Syria #4-a Tahiti #4 Tanganyika #4 Tibet #3 Togoland, British #4 Togoland, French #4 Transjordan #3 Trieste #2 Trinidad, B.W.I. #4 Tripoli #3 Tunisia #2 Turkey #4-a Uganda #4 Union of South Africa #4-a United States of America #1 Uruguay #4 Venezuela #4 Virgin Islands #1 Wales #1 Windward Islands #4 Yemen #4-a Yugoslavia #2 Zanzibar #4-a</p>		
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